



CANNING'S EMPLOYEES CREDIT UNION
CHANGE OF BENEFICIARY FORM

I _____, being a member of the Canning's Employees'
(Name) **PLEASE PRINT**

Credit Union, hereby nominate _____
(Name) **PLEASE PRINT**

of _____
(Address)

my _____ to receive my benefits in the event of my death.
(Relationship)

Witness

Signature of Member

Witness